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The concepts of access, patient education, and psychosocial support will be crucial building blocks if the renovation of America's health care system is to help create a healthier society and not just redirect our health care dollars. How we use the members of the health care team can improve the efficiency and scope of service as well as improve access, contain costs, and maintain the quality of care.

Attention to health maintenance and primary preventive services has given us a chance to take a second look at how to reach more people. Extensive educational strategies and interventions are needed to help people live and work with a healthier lifestyle and in a safer environment. For example, providing voluntary contraceptive services and preconceptual care—education is a critical element of both—could decrease the estimated total of 750,000 unintended pregnancies each year, improving the health of the

women who plan their pregnancies.

One way to provide better and more cost-effective health care is to use health care providers more efficiently. In 1993, the American College of Obstetricians and Gynecologists (ACOG) established an initiative to encourage the use

of collaborative models in women's health care. Collaborative practice makes the best use of the knowledge and skills of physicians and non-physician providers, each working within his or her scope of practice, using mutually agreed upon guidelines and policies that define the role and shared responsibilities of each provider.

ACOG believes that "collaborative practice provides greater opportunities to educate and counsel patients with the goal of preventing disease, promoting wellness, and increasing compliance with treatment regimens during illness." Not only do most non-physician professionals such as certified nurse-midwives or physician assistants provide aspects of routine care, their efforts detect potential problems that require the specialized medical knowledge or surgical skills of an obstetrician/gynecologist. The patient, practice, and providers all benefit.

Patients respond positively to care provided in collaborative practices, as has now been confirmed by ACOG studies of patient satisfaction. In a 1995 study, patients said they had expanded access to obstetric/gynecologic

services, shorter waiting time for appointments, more patient education, more time with the provider, more individualized care and better preventive care.¹ Some respondents reported that physicians gave them more complete information than other professionals, while others said that non-physicians could spend more time and tailor the care to the patient's special needs. In collaborative practices, expertise can be readily available as the need arises. Expertise within a practice decreases the need for referral outside and the resulting loss of continuity. "When human resources are maximized, office efficiency should improve, and staff should have greater flexibility to provide the services that promote health and prevent disease."²

Rather than suggest that one type of non-physician provider can deliver the majority of women's health care unaided, ACOG advocates collaborative practice by a variety of providers who, working with physicians, can best serve women's health needs. We reject an either/or scenario as proposed by Gabay and Wolfe.³ By having the expertise to meet the evolving needs of women, each provider may assume responsibility for the care of his or her own subset of patients, assigned or chosen based upon an initial assessment. The collaborative practice team will always provide the expertise as needed and afford better coordination to maintain continuity.

We believe, therefore, that the most effective systems are not one provider over another but collaborative teams of physicians and advanced practice professionals combining their skills to maximize treatment and educational strategies that can improve the health of women.

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References

1. Hankins GDV, Shaw S, Cruess D, Lawrence H, Harris C. Patient satisfaction with collaborative practice. *Obstet Gynecol* 1997;88:1011-5.
2. American College of Obstetricians and Gynecologists. Guidelines for implementing collaborative practice. Washington: The College; 1995.
3. Gabay M, Wolfe S. Nurse-midwifery: the beneficial alternative. *Public Health Rep* 1997;112:386-394.

Not Either/Or, but Obstetricians and Midwives Together